

# Key milestones



Founded by **Dr Nelson Handal, MD**, 2003  
Distinguished Fellow of the APA and double board certified Psychiatrist.  
Led by leading CNS researchers in the top 99.26% of all researchers globally, per [globaldata.com](https://globaldata.com)

One adaptive assessment to predict **80+ mental health conditions**

First to market with **adaptive assessment technology** (250+ 2005)  
proprietary algorithms)

Go beyond PHQ9 and GAD7 for **best-in-class** mental health clinical decision support

**IP and copyright** on all mental health questioning  
sets (awarded design patents and utility patents pending)

Fully **HIPAA, GDPR** and **FDA 21 CFR Part 11** Compliant

CEO is awarded **2022 Christine Pierre Clinical Trials Lifetime Achievement Award**—the highest honor in Clinical research

Over **1M+ conditions predicted** and verified by medical professionals

**Signed contract** with the largest TMS provider in USA (rollout to 136 clinics by Q1 2024)

**Syracuse University** has been using Clinicom at 58 SUNY campuses for Student mental health

Contracted APA Study on Clinicom utility with Cross cutting tool.

# **DISCLOSURES – INDEPENDENT CLINICAL RESEARCH SITE FOR PHARMA/FDA SINCE 2003**

---

- Completed FDA Phase 1-3b Research Grants and sponsors
  - AbbVie & Allergan
  - Johnson & Johnson
  - Janssen
  - Merck
  - Eli Lilly Bristol Myers Squibb
  - Pfizer
  - Bristol Myers Squibb
  - Spark therapeutics
  - Apellis
  - Ardelyx
  - Novartis
  - Biogen
  - Lenstec
  - Bausch and Lomb
  - Glaukos
  - Alcon
  - IQVIA
  - Syneos
  - Icon
  - PPD
  - Various other sponsors & CROs Since 2003

## APPENDIX II: Pharma

# The go-to for pharma for clinical testing

Members of our team have worked on over 190 FDA Phase II & III clinical trials—bringing 83 drugs and devices to market

That includes 23 common drugs that have touched hundreds of millions of patients.

Our team has been trusted by pharma with their most sensitive Intellectual property for two decades. We are who pharma turns to for measuring mental health accurately.



[clinicom.com](http://clinicom.com)

**Mirapex**  
pramipexole dihydrochloride tablets

**Lexapro**  
escitalopram oxalate

**Cymbalta**  
dextropropriphenate HCl

**Vraylar**

**Latuda**  
(lurasidone HCl) tablets

**Focalin XR**  
dextroamphetamine HCl

**ABILIFY**

**LYRICA**  
PREGABALIN

**PAXIL**  
PAROXETINE

**Celexa**  
citalopram HBr

**Viibryd**  
vilazodone HCl

**VENLAFAXINE HCl**  
**EFFEXOR XR**

**Trintellix**  
vortioxetine

**Seroquel**  
Quetiapine Fumarate

**Saphris**  
(asenapine)

**strattera**  
atomoxetine HCl

**intuniv XR**  
(guanfacine hydrochloride) Extended-Release Tablets

**GEODON**  
(ziprasidone) Capsules

**Fetzima**  
levomilnacipran ER capsules

**Adderall XR**

**Risperdal CONSTA**  
risperidone Long-Acting Injection

**Lamictal**  
(LAMOTRIGINE)

**CONCERTA**  
methylphenidate HCl





## Why We Exist



Who lives with  
a mental  
disorder today?

8% of children

14% of adolescents

20% of adults

## Our mission:

To help providers make clear and confident diagnoses and treatments for better mental healthcare outcomes



**We are making mental health assessments as easy and accurate as blood tests.”**

Nelson M. Handal, M.D.,  
Founder & Chairman, Clinicom

- Distinguished Fellow of the American Psychiatric Association
- Certified Child & Adolescent Psychiatrist
- Diplomate of the American Board of Psychiatry and Neurology

# We analyze ALL the criteria needed to assess patients

## For 80+ mental health conditions—from one adaptive assessment

### Relying on the GAD7, DAS10, or PHQ9 means you could miss hidden comorbidities

The standard forms look only at some criteria—not all that's required to make a diagnosis. And how can you know WHICH test to give patients before you diagnose them?

### Patients can and do fall through the cracks



**GAD-7**

Over the past 2 weeks, how often have you been bothered by the following problems? (Check one box for each problem)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to relax or unwind	0	1	2	3
3. Stopping or doing things at different times	0	1	2	3
4. Trouble concentrating	0	1	2	3
5. Worrying too much about too many things	0	1	2	3
6. Trouble sleeping	0	1	2	3
7. Feeling restless or tired all the time	0	1	2	3
8. Feeling like you're on edge or tense	0	1	2	3
9. Feeling like you're not in control of your emotions	0	1	2	3



**Depression Anxiety Stress Scales - 10 (DASS-10)**

**DEPRESSION:** Please read each statement and select the statement that indicates how much each item has applied to you over the past 2 weeks. There are no right or wrong answers. Do not spend too much time on any question.

**ANXIETY:** The following table is for reference only. It is not a test. It is a guide to help you understand the scale. It is not a test. It is a guide to help you understand the scale. It is not a test. It is a guide to help you understand the scale.

	None	Slightly	Moderate	Severe	Very severe
1. I feel nervous, anxious or on edge	0	1	2	3	4
2. I feel like I'm not in control of my emotions	0	1	2	3	4
3. I feel like I'm not in control of my emotions	0	1	2	3	4
4. I feel like I'm not in control of my emotions	0	1	2	3	4
5. I feel like I'm not in control of my emotions	0	1	2	3	4
6. I feel like I'm not in control of my emotions	0	1	2	3	4
7. I feel like I'm not in control of my emotions	0	1	2	3	4
8. I feel like I'm not in control of my emotions	0	1	2	3	4
9. I feel like I'm not in control of my emotions	0	1	2	3	4
10. I feel like I'm not in control of my emotions	0	1	2	3	4



**PHQ-9**

Over the last 2 weeks, how often have you been bothered by the following problems? (Check one box for each problem)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling tired or having little energy	0	1	2	3
3. Feeling slowed down or having trouble concentrating	0	1	2	3
4. Feeling like you're not in control of your emotions	0	1	2	3
5. Worrying too much about too many things	0	1	2	3
6. Trouble sleeping	0	1	2	3
7. Feeling like you're not in control of your emotions	0	1	2	3
8. Feeling like you're not in control of your emotions	0	1	2	3
9. Feeling like you're not in control of your emotions	0	1	2	3

Clinicom checks for all the criteria for 80+ mental health conditions

### The BIG PICTURE

Our AI ensures accurate and complete assessment for over 80 conditions every time!





# Clinicom helps clinicians remove the guesswork

Assisted intelligence to support clinical decision making

## BEFORE

It's guesswork trying to solve the puzzle of a patient's mental health and history

Provider asks patient to fill out paperwork in-office — then asks them to verbally answer questions in-person (i.e. eating, depression, etc.) subjectively.



This **OLD WAY** leads to **POOR** outcomes for mental health conditions

↓ Up to **71%** Untreated

↓ Up to **79%** Misdiagnosed

## AFTER

One single assessment accurately identifies **80+** mental health conditions

Provider sends link to patient who completes assessment pre-visit. Complete medical history reveals indicators for mental health conditions.



Now there's a **BETTER WAY**



This **NEW WAY** leads to **BETTER** outcomes for mental health conditions

- ↑ **+83%** Increased identification of hidden comorbidities in mental health
- ↑ **+49%** Increased capacity with existing resources
- ↑ **96%** Care team satisfaction

# Practitioners

## Clinicians are expected to do an IMPOSSIBLE job

Limited time with patients and poor testing methods can cause providers to overlook a mental health condition or worse—misdiagnosing patients who then receive the wrong diagnoses, the wrong meds, and the wrong treatments.

**3,652**  
criteria

According to DSM, there are 3,652 criteria and billions of permutations to detect and properly diagnose an individual's mental health conditions.



# A new approach

## Better detection

✓ We need **regular assessments**, as mental health fluctuates over time.

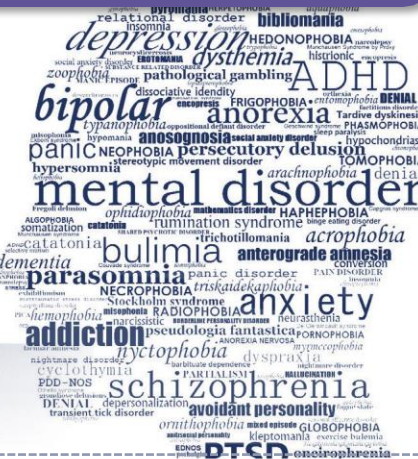
**50%**  
of Americans

Will meet the criteria for a diagnosed mental health condition in their lifetime.



## Better diagnosis

✓ We need better **decision support technology**, as it's too complicated.



## Better treatments

✓ We need **evidence-based care plans**, with data-driven decisions.



## Better outcomes

✓ We get to witness patients living **healthier, better lives** over time.



Clinicom brings doctors and patients closer together by easier data collection, client analysis, and intelligence to drive better solutions.





## APPENDIX: Product Demo



Our Difference/IP

250+ proprietary  
algorithms deliver  
**precise clinical  
decision support** for  
mental health

**Comprehensive DSM 5-  
based mental health  
assessment tool for 80+  
mental health  
conditions**

Diagnosis #5

Diagnosis #4

Diagnosis #3

Diagnosis #2



[clinicom.com](https://clinicom.com)

# Clinical Value for Patients

---

- Clinicom never forgets to ask the right questions.
- Clinicom uncovers the most mental health conditions.
- Patients can tell their complete story with no time limits in their own words.
- Patients can elaborate as much as they like on important topics.
- Clinicom can be used for children 5+, adolescents and adults.
- Safe and secure place to share sensitive topics such as abuse.
- Patients can freely respond to questions in a private, judgment free space.
- Patients can ask their doctor to share a PDF of their report for health data portability.
- Patients visualize and learn what symptoms are contributing to their condition.
- Patients visualize and learn about their treatment progress.



# Clinical Value for Clinicians

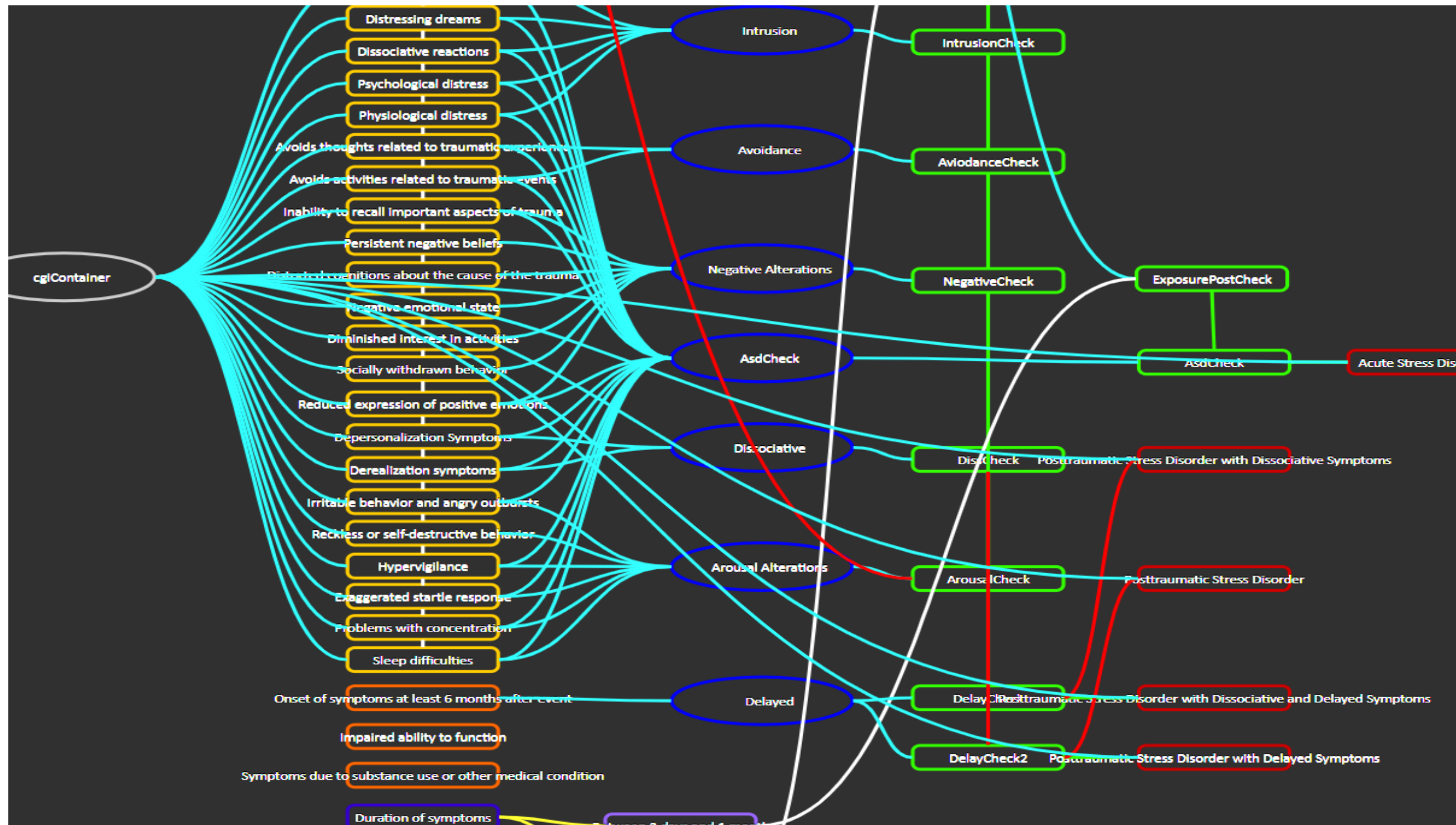
---

- Access all relevant bio-psycho-social information before and while seeing the patient.
- Never forgets to ask the right questions.
- Improve rapport with your patients.
- Maximize time to address patient's issues.
- Reduce number of visits required to obtain a proper diagnosis
- Reduce number of visits to stabilize patients.
- Accept, Reject, Rule Out or Add a diagnosis.
- Reduce hospitalizations by stabilizing patient's conditions sooner.
- Improve bandwidth in the Emergency Room by remote screening.
- Improve Clinical Decision Making and Differential Diagnosis.
- Uncover hidden comorbidities.
- Improve treatment adherence outcomes.
- Track medication effectiveness.
- Track treatment outcomes over time.

# Clinical Utility

---

- 80+ Mental Health Conditions Assessed in a **single adaptive assessment** .- Clinicom Pro & Clinicom
- 255 clinical proprietary algorithms for anyone 6 or older
- Library of Validated Standardized assessments for Follow ups or initial
- SDOH and dozens of Informational proprietary algorithms, Family & Treatment Histories, Social Factors.
- Accept, Reject or Rule Out Dx, Patented feature
- Follow Up assessments - with automatic Follow up cadences and frequency management
- Treatment Outcomes, Statistics and Graphing.





## APPENDIX: Scorecard

# High patient engagement and improved outcomes



Statistics are Clinicom user statistics. Information and results may vary depending on clinical setting.

## SaaS Business Model



# \$12 per patient yearly

### Fee includes:

- Augmented intelligence technology solution
- Unlimited patient assessments for 12 months
- Unlimited access to the Clinicom Clinical Decision Support System
- No user or seat fees
- No recurring monthly charges
- Free training and support

## Covered by insurance

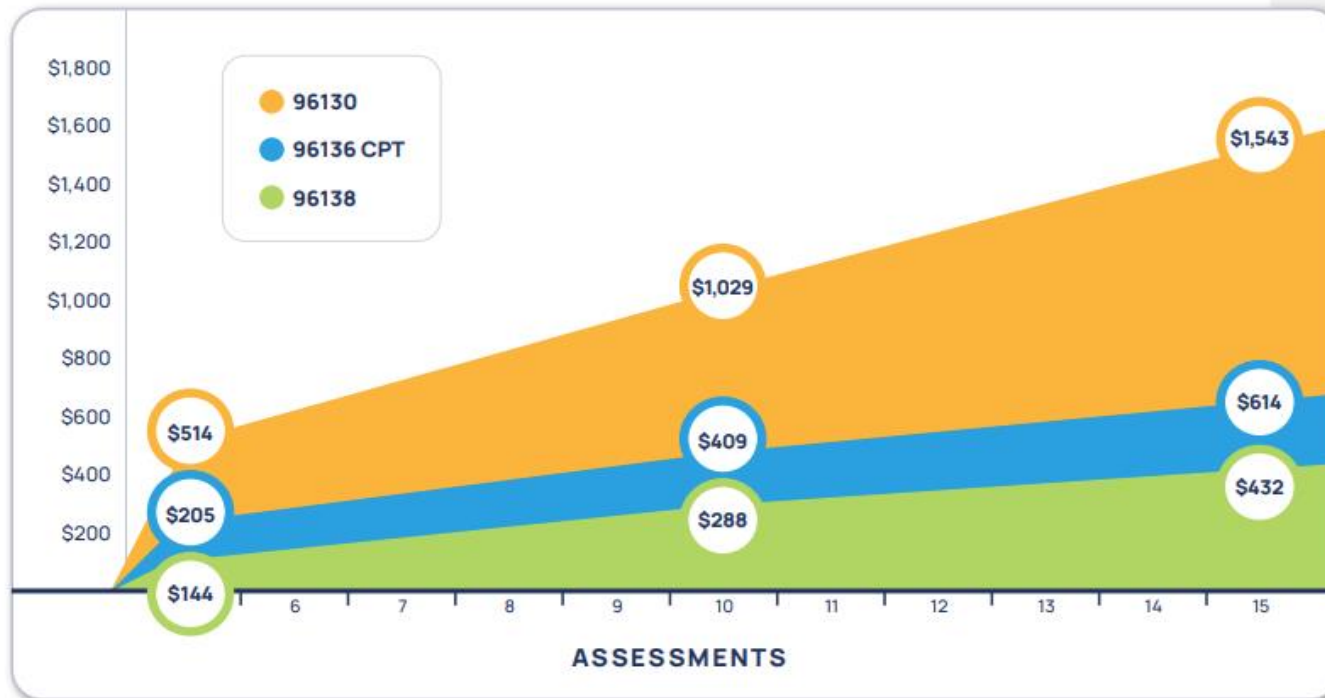
Review of Clinicom is covered by most major insurance companies, including Medicaid.



clinicom.com

# Business case

## Revenue Center



## Reimbursement by Insurance Use Codes

Type	Performed By	CODE	Conditions	Minimum Time	Allowable
Screening	Any	96127	1-4	N/A	\$5
Test Admin	Provider	96136	2+	16 minutes	\$48
Test Admin	Technician	96138	2+	16 minutes	\$38
Test Eval	Provider	96130	1+	31 minutes	\$122



Average MD bills codes  
**96136** and **96130**

Maximum Billable  
 $\$48 + \$122 = \$170$

### Average \$60-\$120 multiple times a year for only \$12

- MDs see 25-35 patients daily, including about four new patients a day
- PHDs see 7 patients a day—will average 20% less with same numbers
- CRNPs will average 30% less with the same numbers
- LPCs see 5-7 patients a day
- Counselors cannot bill insurance so would resell the \$12 for about \$20-\$50 for a 2x to 4x value





## CLINICOM

**ADHD Rating Scale - O**

**Adult ADHD Self-Report Scale (ASRS)**

**Adverse Childhood Experiences International Questionnaire (ACE-IQ)**

**Antidepressant Treatment Response Questionnaire (ATRQ)**

**Applied Cognition Abilities Short Form**

**Brief Symptom Rating Scale - Positive**

**Buss-Perry Aggression Questionnaire (BPAQ)**

**Clinically Useful Depression Outcomes Scale (CUDOS)**

**Clinician Administered PTSD Scale - 5 (CAPS-1.1)**

**Compassion Satisfaction and Compassion Fatigue Scale (CS-CF)**

**Demonstrated Obsessive Compulsive Scale (DOCS)**

**Drug Abuse Screening Test (DAST)**

**Drug Addiction Severity Index (DASI)**

**Epidemiologic Catchment Area (ECA)**

**DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Inventory**

**Frequency, Intensity, and Burden of Sex Ethical Scale (IBSES)**

**Hamilton Anxiety Rating Scale (HAM-A)**

**Harassment Rating Scale for Depression Rating Scale (HARS)**

**Montgomery-Åsberg Depression Rating Scale (MADRS)**

**NICHQ Vanderbilt Assessment - Test**

**NICHQ Vanderbilt Follow-up - Test**

**NIDA - J**

**Patient Health Questionnaire-9 (PHQ-9)**

**Pediatric Anxiety Rating Scale (PARS)**

**PROMIS - Pain Interference**

**PROMIS - Pain Behaviors**

**PROMIS - Sleep Disturbance**

**PROMIS - Stress Management**

**PTSD Checklist for DSM-5 (PCL-5)**

**Scale of Social Interaction**

**Severely Impaired Social Interaction Scale (SISIS)**

**Social Interaction Anxiety Scale (SIAS)**

**The Generalized Anxiety Disorder-7 Item Screen (GAD-7)**

**Anorexia Nervosa**

**Autism Spectrum Disorder**

**Bulimia Nervosa**

**Communication Disorders**

**Conduct Disorder**

**Disruptive Disorder**

**Enuresis**

**Impaired Control Disorder**

**Inattention/Hyperactivity/Symptoms**

**Learning Disabilities**

**Major Depression and Suicide**

**Manic Episode**

**Obsessive Compulsive Disorder**

**Oppositional Defiant Disorder**

**Overseriousness/Generalized Anxiety Disorder**

**Post-Traumatic Stress Disorder**

**Reactive Attachment Disorder**

**Selective Mutism**

**Sensory Processing Disorder**

**Separation Anxiety Disorder**

**Sleep Disorder**

**Social Phobia**

**Specific Phobia**

**Substance Use Disorder**

**Tic Disorder**

**Autism**

**Biographical Information**

**Conception And Pregnancy**

**Current Treatment**

**Developmental Delay**

**Early Trauma History**

**Employment**

**Family History**

**Leisure Time**

**Lived Of**

**Military History**

**Past Medical History**

**Post Psychiatric History**

**Quality Of Life**

**Self**

**Sexual Development**

**Stress Assessment**

**Stress Management**

**Support**

- **96138 \$37.34 (AVG CMS)**

- ADHD Rating Scale - O**
- Adult ADHD Self-Report Scale (ASRS)**
- Adverse Childhood Experiences International Questionnaire (ACE-IQ)**
- Antidepressant Treatment Response Questionnaire (ATRQ)**
- Applied Cognition Abilities Short Form**
- Brief Symptom Rating Scale - Positive**
- Buss-Perry Aggression Questionnaire (BPAQ)**
- Clinically Useful Depression Outcomes Scale (CUDOS)**
- Clinician Administered PTSD Scale - 5 (CAPS-1.1)**
- Compassion Satisfaction and Compassion Fatigue Scale (CS-CF)**
- Demonstrated Obsessive Compulsive Scale (DOCS)**
- Drug Abuse Screening Test (DAST)**
- Drug Abuse Screening Test (DAST) - Revised**
- DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure**
- Epidemiologic Surveys**
- Frequency, Intensity, and Burden of Sex Ethical Scale (IBSES)**
- Hamilton Anxiety Rating Scale (HAM-A)**
- Harassment Rating Scale for Depression Rating Scale (HARS)**
- Montgomery-Åsberg Depression Rating Scale (MADRS)**
- NICHQ Vanderbilt Assessment - Total**
- NICHQ Vanderbilt Follow-up - Total**
- NICHQ Vanderbilt Follow-up - Total**
- NIDA - J**
- Patient Health Questionnaire-9 (PHQ-9)**
- Pediatric Anxiety Rating Scale (PARS)**
- Pediatric Anxiety Rating Scale Symptoms**
- PROMIS - Global Health Metrics**
- PROMIS - Pain Interference**
- PROMIS - Pain Interference**
- PROMIS - Sleep Disturbance**
- PROMIS - Stress Management**
- PTSD Checklist for DSM-5 (PCL-5)**
- Scale of Subjective Interpretation**
- Severely Impaired Social Interaction Scale (SISIS)**
- Social Interaction Anxiety Scale (SIAS)**
- The Generalized Anxiety Disorder - 7 Item Screen (GAD-7)**
- Anorexia Nervosa**
- Autism Spectrum Disorders**
- Bulimia Nervosa**
- Communication Disorders**
- Conduct Disorder**
- Disruptive Conduct Disorder**
- Enuresis**
- Impulsive Control Disorder**
- Inattention/Hyperactivity/Symptoms**
- Learning Disabilities**
- Major Depression and Suicide**
- Manic Episode**
- Obsessive Compulsive Disorder**
- Oppositional Defiant Disorder**
- Overseriousness/Generalized Anxiety Disorder**
- Post-Traumatic Stress Disorder**
- Reactive Attachment Disorder**
- Selective Mutism**
- Sensory Processing Disorder**
- Separation Anxiety Disorder**
- Sleep Disorder**
- Social Phobia**
- Specific Phobia**
- Substance Use Disorder**
- Tic Disorder**
- Autism Spectrum Disorders**
- Biographical Information**
- Conception And Pregnancy**
- Current Treatment**
- Developmental Delay**
- Early Trauma History**
- Employment**
- Family History**
- Leisure Time**
- Lived Of**
- Military History**
- Past Medical History**
- Past Psychiatric History**
- Quality of Life**
- Self-Report**
- Sexual Development**
- Stress Assessment**
- Stress Management**
- Support**

- **96130 \$120.73** (AVG CMS- non facility)

- ADHD Rating Scale - O**
- Adult ADHD Self-Report Scale (ASRS)**
- Adverse Childhood Experiences International Questionnaire (ACE-IQ)**
- Antidepressant Treatment Response Questionnaire (ATRQ)**
- Applied Cognition Abilities Short Form**
- Brief Symptom Rating Scale - Positive**
- Buss-Perry Aggression Questionnaire (BPAQ)**
- Clinically Useful Depression Outcomes Scale (CUDOS)**
- Clinician Administered PTSD Scale - 5 (CAPS-1.1)**
- Compassion Satisfaction and Compassion Fatigue Scale (CS-CF)**
- Demonstrated Obsessive Compulsive Scale (DOCS)**
- Drug Abuse Screening Test (DAST)**
- Drug Abuse Screening Test (DAST) - Revised**
- DSM-5 Self-Rated Level 1 Cross-Cutting Symptom List**
- Epidemiologic Surveys**
- Frequency, Intensity, and Burden of Sex Ethical Scale (IBSES)**
- Hamilton Anxiety Rating Scale (HAM-A)**
- Harassment Rating Scale for Depression Rating Scale (HARS)**
- Montgomery-Åsberg Depression Rating Scale (MADRS)**
- NICHQ Vanderbilt Assessment - Test**
- NICHQ Vanderbilt Follow-up - Test**
- NICHQ Vanderbilt Follow-up - Test**
- NIDA - J**
- Patient Health Questionnaire-9 (PHQ-9)**
- Pediatric Anxiety Rating Scale (PARS)**
- Pediatric Anxiety Rating Scale Symptoms (PARS-S)**
- PROMIS - Global Health Measure**
- PROMIS - Pain Interference**
- PROMIS - Pain Interference**
- PROMIS - Sleep Disturbance**
- PROMIS - Stress Management**
- PTSD Checklist for DSM-5 (PCL-5)**
- Scale of Eudaimonic Well-being (SEWB)**
- Severely Impaired Social Interaction Scale (SISIS)**
- Social Interaction Anxiety Scale (SIAS)**
- The Generalized Anxiety Disorder-7 Item Screen (GAD-7)**
- Anorexia Nervosa**
- Autism Spectrum Disorders**
- Bulimia Nervosa**
- Communication Disorders**
- Conduct Disorder**
- Disruptive Disorders**
- Enuresis**
- Impaired Control Disorder**
- Inattention/Hyperactivity/Symptoms**
- Learning Disabilities**
- Major Depression and Suicide**
- Manic Episodes**
- Obsessive Compulsive Disorder**
- Oppositional Defiant Disorder**
- Overseriousness/Generalized Anxiety Disorder**
- Post-Traumatic Stress Disorder**
- Reactive Attachment Disorder**
- Selective Mutism**
- Sensory Processing Disorder**
- Separation Anxiety Disorder**
- Sleep Disorders**
- Social Phobia**
- Specific Phobia**
- Substance Use Disorder**
- Tic Disorders**
- Autism Spectrum Disorders**
- Biographical Information**
- Conception And Pregnancy**
- Current Treatment**
- Developmental Disabilities**
- Early Trauma**
- Employment**
- Family History**
- Leisure Time**
- Lived Of Care**
- Military History**
- Past Medical History**
- Past Psychiatric History**
- Quality of Life**
- Self-Report**
- Sexual Development**
- Stress Assessment**
- Stress Management**
- Support**

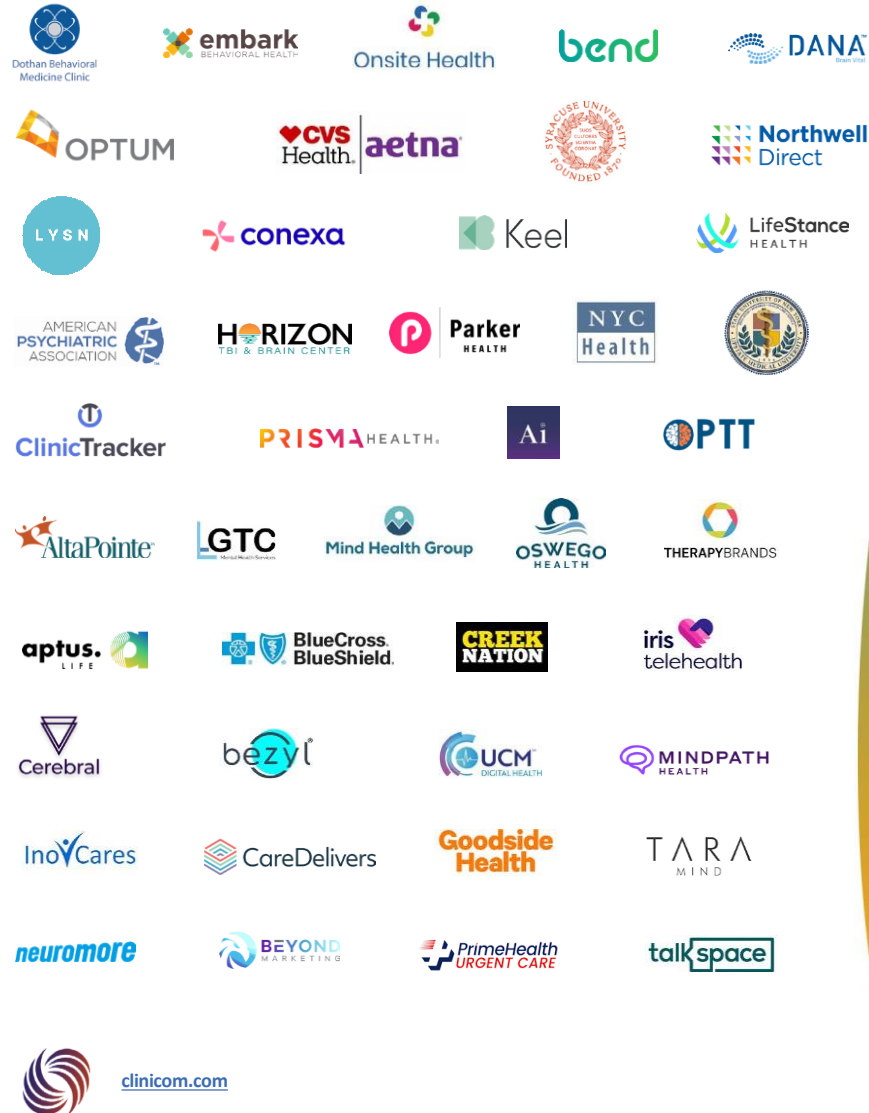
- **96136 \$46.76 (AVG CMS-non facility)**

- ADHD Rating Scale - O**
- Adult ADHD Self-Report Scale (ASRS)**
- Adverse Childhood Experiences International Questionnaire (ACE-IQ)**
- Antidepressant Treatment Response Questionnaire (ATRQ)**
- Applied Cognition Abilities Short Form**
- Brief Symptom Rating Scale - Positive**
- Buss-Perry Aggression Questionnaire (BPAQ)**
- Clinically Useful Depression Outcomes Scale (CUDOS)**
- Clinician Administered PTSD Scale - 5 (CAPS-1.1)**
- Compassion Satisfaction and Compassion Fatigue Scale (CS-CF)**
- Demonstrated Obsessive Compulsive Scale (DOCS)**
- Drug Abuse Screening Test (DAST)**
- Drug Abuse Screening Test (DAST) - Revised**
- DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure**
- Epidemiologic Surveys**
- Frequency, Intensity, and Burden of Sex Ethical Scale (IBSES)**
- Hamilton Anxiety Rating Scale (HAM-A)**
- Harassment Rating Scale for Depression Rating Scale (HARS)**
- Montgomery-Åsberg Depression Rating Scale (MADRS)**
- NICHQ Vanderbilt Assessment - Test**
- NICHQ Vanderbilt Follow-up - Test**
- NICHQ Vanderbilt Follow-up - Test**
- NIDA - J**
- Patient Health Questionnaire-9 (PHQ-9)**
- Pediatric Anxiety Rating Scale (PARS)**
- Pediatric Anxiety Rating Scale Symptoms (PARS-S)**
- PROMIS - Global Health Metrics**
- PROMIS - Pain Interference**
- PROMIS - Pain Interference**
- PROMIS - Sleep Disturbance**
- PROMIS - Stress Management**
- PTSD Checklist for DSM-5 (PCL-5)**
- Scale of Subjective Memory**
- Self-Efficacy for Managing Emotions**
- Social Interaction Anxiety Scale (SIAS)**
- Severely Depressed Social Anxiety Scale (SDSAS)**
- The Generalized Anxiety Disorder-7 Item Screen (GAD-7)**
- Trauma Spectrum**
- Communication Dis**
- Contact Dis**
- Disciplinary Dis**
- Environ**
- Impaired Cognit Dis**
- Inattention/Hyperactivity/Impulsivity Dis**
- Learning Disabil**
- Major Depression and Suicide**
- Manic Episo**
- Obsessive Compulsive Dis**
- Oppositional Defiant Dis**
- Overseriousness/Generalized Anxiety Dis**
- Post Traumatic Stress Disor**
- Reactive Attachment Disor**
- Selective Mut**
- Sensory Processing Disor**
- Separation Anxiety Disor**
- Sleep Disor**
- Social Phob**
- Specific Phob**
- Substance Use Disor**
- Toileting Disor**
- Autism**
- Biographical**
- Conception And Progre**
- Current Treatm**
- Development**
- Early Transitions**
- Education**
- Employment**
- Family Hist**
- Leve**
- Lived Of Co**
- Military Hist**
- Past Medical Hist**
- Past Psychiatric Hist**
- Quality of Li**
- Self**
- Sexual Developm**
- Stress Assessm**
- Stress Managem**
- Stress**
- Support**

**0 Clinicom is an Augmented Intelligence Tool for behavioral health which helps the practitioner understand - so the patient can be understood**

Clinicom is providing this information for illustrative purposes only and does not guarantee that these will be successful with every pavor and at what reimbursement rate.

## Case Studies



greenbrook gb  
TMS NeuroHealth Centers

### BEFORE

Greenbrook's biggest challenge was prescreening TMS patients for detailed criteria prior to booking the limited time their Clinician has for applicable patients.

#### Manual screening prior to Clinicom:

- Labor intensive
- Required repeat phone calls and clinic visits
- Netted poor results

Greenbrook TMS is the world's largest TMS provider across 136 locations with an ARR of \$72M

Clinicom secured the Greenbrook contract in June of 2023

### AFTER

- Clinicom accelerated new patients TMS starts by **44%**, with fewer resources.
- Reduced labor cost on intake staff by **52%**.
- Lowered Screen Failure ratio at TMS centers to optimize operations and results.
- Each Greenbrook location formerly had two Patient Screening staff. With Clinicom, **one staff member can now manage four sites**—saving overhead while accelerating identification of TMS patients.



Clinicom is a force multiplier.”

Bryce Newman, Greenbrook TMS VP Ops



# The experts driving our innovative solutions



**Dr Nelson Handal, MD DFAPA**  
Founder & Chairman

- Co-founder, Harmonex Neuroscience Research & Clinicom
- Heidelberg University, Germany
- Psychiatry residency, State University of New York—Syracuse
- Primary investigator in 100+ pharma clinical trials
- Recognized as one of America's Top Psychiatrists
- Distinguished Fellow of the American Psychiatric Association



**Ignacio Handal**  
Chief Executive Officer

- Co-founder, two nationally renowned clinical research centers
- >90 multimillion-dollar clinical research studies for pharma
- 2022 Christine Pierre Clinical Trials Lifetime Achievement Award recipient
- Undergraduate Studies Pre-Med/Microbiology, Auburn University



**Dr Jerlyn McCleod, MD**  
Chief Medical Officer

- Current Medical Director, Southeast Alabama Youth Services' Division Center and the Boys and Girls Attention Group Homes
- Former Medical Director, Bradford Health Clinic
- Fellow of the American Psychiatric Association
- MD, University of Illinois, College of Medicine, BS, Howard University



**Michael Gronau**  
Chief Operating Officer,  
Interim CFO

- 15 years advising entrepreneurs to prepare for private equity investments
- Primary focus on problem solving, operations and financial modelling
- Built a multimillion-dollar enterprise which he successfully sold



**James Riddle**  
Member, Board of Directors

- VP, Research Services and Strategic Consulting at Advarra
- Extensive regulatory and pharma experience, including many years in regulatory affairs
- BS, Western Washington University



**Les Jordan**  
Chief Technology Officer

- Former Chief Technology Officer for Microsoft Life Sciences
- Senior positions with Quintiles, Huron Consulting, State Street Bank
- Bachelors Degree, Psychology, University of Massachusetts



**Mattias Schroeter**  
Vice President of Sales

- 12+ years with Med Device and Pharmaceutical companies globally
- Primary focus: eClinical Software, Clinical Trials, Regulatory Compliance, H.E.O.R., Market Access, and Pharmacovigilance
- Former Vice Chairman and board member for a not-for profit—The Center for Educational Advancement
- Currently serving his community as Mayor
- Degrees in Marketing, Economics, Software Engineering and German



**Marcus Couch**  
Chief Marketing Officer

- Contributed to development of first Internet graphic browser in 1993 and again in 2004 with the propagation of Podcasting
- Worked with Nokia, Guitar Center, Farmers Insurance, GoDaddy, AmeriGas and Foot Locker
- Computer Science, University of Illinois





# The people who help to shape our success



**Fiona Banister**  
Co Chair Clinicom Research  
Institute & The Global  
Mental Health Initiative



**Whitfield  
Athey**  
Investor and  
Strategic Advisor



**Orchid  
Jahanshahi**  
Investor and  
Strategic Advisor



**Barry  
Stamos**  
Founder & CEO,  
Supernova



**Tuck  
Stibich**  
Chief Scientific Officer,  
Xenex Healthcare  
Services



**Dr Matt  
Vogel**  
CEO, VVXY  
Mental Health



**Dr Joel  
Raskin**  
Eli Lilly, Head  
Psychiatrist



**Dr Christopher  
Lucas**  
Professor of Psychiatry,  
Syracuse University



**Dr Smit  
Patel**  
Program Lead, Digital  
Medicine Society  
(DiMe)Lens-AI



**John  
Nosta**  
Founder,  
NOSTALAB



**Dr Anthony  
Kessel**  
Clinical Director,  
National Clinical Policy  
NHS (UK)



**Vinny  
Lobdell**  
Founder & Director,  
Healthway Products



**Devin  
Daly**  
Founder & CEO,  
Impel

## Easy



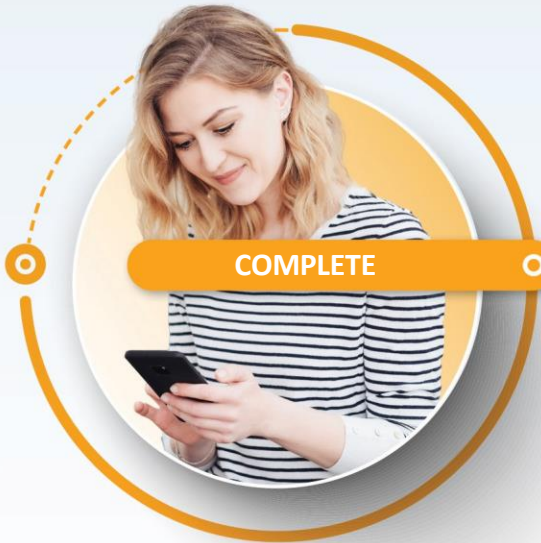
### Add-on to Intake Experience

**Clinicom is a trusted, secure and regulatory compliant solution**

Get started in minutes—cost is \$12 per patient/yearly—covered by most major insurance providers.

**MODERNIZE INTAKE**  
94% completion rate

## Fast



### Upgrade Patient Experience

**94% completion rate in less than 30 minutes (pre-visit)**

Access the most comprehensive medical history available—sourced securely from the patient.

**MORE ACCURATE**  
Lowered clinical burden on staff

## Efficient



### Optimize Outcomes

**Improves evidence-based healthcare**

Augmented intelligence enhances decision making for data-driven treatments plans for better care.

**HIGHER RETENTION RATE**  
96% satisfaction rating



Thank You



# A better way to detect **Mental Health Conditions**



Ignacio Handal, CEO

| [lhandal@clinicom.com](mailto:lhandal@clinicom.com)

| 334.718.6724



[clinicom.com](https://clinicom.com)

# Biopsychosocial Domains of Clinicom

---

- Patient information
- Medications
- Report Summary with severity of each condition
- Detailed Chief Complaint
- Detailed Secondary Complaint (s)
- List of conditions, with condition's severity and detail of symptoms severity
- Narrative summary per condition
- Allergies
- Treatment history
- Conception and pregnancy
- Birth
- Development
- Truthful report acknowledgement



# Biopsychosocial Domains of Clinicom PRO

---

- **Adoption**
- **Past psychiatric history**
- **Past medical history**
- **Military history**
- **Family history**
- **Support system**
- **Safety**

- **Stressors**
- **Education**
- **Employment**
- **Leisure**
- **Legal**
- **Quality of life**

## APPENDIX: What They Are Saying

### FROM A Patient

Misdiagnosed for years,  
Alexandra is now getting  
the right care



**I finally feel heard and understood.** I filled out an assessment pre-visit and my experience with my doctor was night and day different. I finally feel like I'm getting the right treatment, as I'm getting better and not worse."



**Alexandra M. Shuster**  
United Kingdom

### FROM A Provider

Clinicom is fully  
reimbursable and  
easy to access



Clinicom can be reviewed within the context of the office visit. **This makes my time with the patient more meaningful and efficient.** Insurance reimbursement for Clinicom is a separate service provided at the time of the office visit. **It's a financially viable option for clinicians within the context of primary care."**



**Dr. James Wiley**  
MD, FAA  
Clinicom User

### FROM A Payor

Clinicom provides both  
predictive AND  
prescriptive analytics



It's the perfect tool. As I cross-maneuver from Medicaid to our Military, Veterans and Commercial programs, I have been asking the Care engagement team for something like this for 25 years. The tool is powerful. It enables **faster diagnosis**—so all patients get treatment sooner than has ever been possible."



**Dr. Brian Masterson**  
MD, MPH, FACP, FAPM  
Senior Medical Director  
Optum United

### And more...

**"** Easy to use for both patients and clinicians.

— Dr. McCleod

**"** Allows me to be in two places at once.

— Dr. Pearson

**"** We won't see a patient until they have taken a Clinicom assessment.

— Dr. Humphries, PhD

**"** We looked for a digital way to accelerate care (i.e., increase efficiency and thereby capacity), and Clinicom provided those means.

— Dr. Costello

**"** Clinicom provides multiple diagnoses from a very large number of possible conditions. Nothing else can provide this.

— Dr. Pfeifer



# Building the **future** of mental health

## The time is now

The recent emergence of AI, Blockchain, IoT and frontier technologies is revolutionizing healthcare infrastructure and enabling a new model of care.

### Our wholistic and futuristic vision includes:

- Value- and metric-based care
- Genetic genotyping
- Drug metabolism
- Personalized medicine
- Mental health phenotyping
- Post-marketing monitoring of adverse events
- Longitudinal studies
- Population health
- Care navigation and triage
- Clinical decision support
- Ai prescriptive analytics
- Ai population analytics
- Ai concomitant drug interaction monitoring
- Ai personalized avatar psychiatrist
- Ai patient engagement and education
- Ai personalized dosing
- Ai SOAP notes
- Ai decentralized clinical trials
- Ai Smart Patient registries
- Ai on-demand analytics
- Ai therapy and CBT
- Ai Chat support



## Disclaimer

This presentation has been prepared by Clinicom Healthcare, Inc. (the “Company”), for exclusive use of the party to whom the Company delivers this presentation (together with its subsidiaries and affiliates, the “Recipient”). This presentation contains proprietary, non-public information regarding the Company.

Any estimates or projections as to events that may occur in the future (including projections of revenue expense, and net income) are based on information provided by the Company and other publicly available information as of the date of this presentation. There is no guarantee that any of these estimates or projections will be achieved. Actual results will vary from the projections and such variations may be material. Nothing contained herein is, or shall be relied upon as, a promise or representation as to the past or future. The Company expressly disclaims any and all liability relating to or resulting from the use of this presentation.

This presentation has been prepared solely for informational purposes and is not to be construed as solicitation or an order to buy or sell any securities or related financial instruments. The Recipient should not construe the contents of this presentation as legal, tax, accounting or investment advice or a recommendation. The Recipient is urged to conduct an independent evaluation of the Company and should consult its own counsel, tax and financial advisors as to legal and related matters concerning any transaction described herein. This presentation does not purport to be all-inclusive or to contain all of the information that the Recipient may require.

No investment, divestment or other financial decisions or actions should be based solely on the information in this presentation. The Recipient should not rely on any information contained herein. This presentation has been prepared on a confidential basis solely for the use and benefit of the Recipient. The Recipient agrees that the information contained herein and in all related and ancillary documents is not to be used for any other purpose, that such information is of a confidential nature and that the Recipient will treat in a confidential manner. Distribution of this presentation to any person other than the Recipient and those persons retained to advise the Recipient who agree to maintain the confidentiality of this material and be bound by the limitations outlined herein, is unauthorized without the prior consent of the Company. This material may not be copied, reproduced, distributed or passed to others at any time without the prior written consent of the Company.